

# Nebraska Advantage Rural Development Act Application

**L1L2**

**1 A** Attach check for \$500 application fee.

**1 B** Employee Verification

- a** Is the taxpayer registered for E-Verify, the federal electronic verification program used to confirm whether employees are authorized to work in the United States? ☐ YES ☐ NO
- b** If YES, do you agree to use E-Verify for employees hired in Nebraska after the date of application? ☐ YES ☐ NO
- c** If the answer to question 1B(a) or 1B(b) is NO, do not complete the rest of the application because you are not eligible to apply for this Nebraska tax incentive program.
- d** Print out the "Company Information" from the E-Verify program and include it as an attachment.

**2** Exact name of applicant and any other entities, including disregarded entities, to be part of the project

<b>A</b>	Entity Name	Entity Type	FEIN	NE Income Tax ID No.
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				

(If you need more room, attach a schedule)

**B** If each entity in 2A is not included on the Affiliations Schedule, Form 851, attached as part of item 8, provide an explanation of how the entities are related to each other.

**C** What is the applicant's tax year end? \_\_\_\_\_ If it does not agree with the copy of the tax return provided in item 8 below, provide an explanation.

**3** Describe the applicant's business:

**A** Narrative:

**B** Federal Principal Business Activity Code: \_\_\_\_\_

Federal Business Activity Title: \_\_\_\_\_

**C** Qualifying Business Activity (check the applicable boxes for the project):

- ☐ Assembly, fabrication, manufacturing, or processing of tangible personal property
- ☐ Storage, warehousing, or distribution of tangible personal property
- ☐ Transportation of tangible personal property
- ☐ Conducting research, development, or testing for scientific, agricultural, animal husbandry, food product, or industrial purposes
- ☐ Livestock Production
- ☐ Performance of data processing services
- ☐ Performance of telecommunication services
- ☐ Performance of insurance purposes
- ☐ Performance of financial services (check applicable box below):
- ☐ Financial institution subject to tax under Chapter 77, Article 38
- ☐ Licensed by the Department of Banking and Finance
- ☐ Licensed by the Securities and Exchange Commission
- ☐ Administrative management of any activities, including the headquarter facilities relating to such activities (provide a listing which lists the name and accounting code for each of the qualifying departments)
- ☐ Sale of tangible personal property (enter below the percentage of total sales in the base year represented by the following categories of sales):
- \_\_\_\_\_ Sales at wholesale
- \_\_\_\_\_ Sales of tangible personal property assembled, or manufactured and processed by the applicant
- \_\_\_\_\_ Sales of tangible personal property to a purchaser in one of the above listed activities

FOR NDR USE ONLY

Complete Incomplete

**1A**

**1B**

**2A**

**2B**

**2C**

**3A**

**3B**

**3C**



## APPLICATION (cont'd.)

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Complete Incomplete

## 4 Project definition

## A Project location(s)

	Address (Street, City)	COMPLETE COLUMN REQUIRED FOR ELIGIBILITY			
		Village	City of 2nd Class	Census Tract #	County
1					
2					
3					
4					

## B Explanation of how applicant intends to satisfy the chosen levels:

C Does this project include teleworkers working from their residence? ..... ☐ YES ☐ NODo the teleworkers reside in a county that meets the population requirement of the selected level? ..... ☐ YES ☐ NOD Expected Benefits (see [Calculation Tips](#))**ATTACH a copy of completed Worksheets I and II, provided in the Calculation Tips. The total estimated credits cannot exceed \$1,000,000.**

## (1) Investment

a Expected investment increase \_\_\_\_\_

b Expected investment credits \_\_\_\_\_

## (2) Employment

a Expected full-time equivalent growth \_\_\_\_\_

b Expected employment credits \_\_\_\_\_

**If item 5, 6, 7, or 8 is not available, indicate why the document is not available. If a reorganization occurred since the previous tax year, provide copies of the documents for the previous entity(ies) and a written explanation.**

## 5 Attach copy of most recent financial statements (check each attached):

☐ Audited financial report, including opinion letter☐ Unaudited financial statements

## 6 Enclose copy of most recent federal income tax filing. Include copy of first 5 pages, schedules supporting the first 5 pages, Affiliations Schedule (Form 851), and a copy of each Shareholder's Share of Income Credits, Deductions, etc. (Schedule K-1). If the applicant is a sole proprietorship, provide a copy of the Profit or Loss from Business (Schedule C) or the Profit or Loss from Farming (Schedule F).

## 7 Enclose copy of most recent Nebraska income tax return.

Are all entities listed in item 2 on page 1 included in one unitary NE tax return? ☐ YES ☐ NO

If No, explain why: \_\_\_\_\_

Explain any difference between taxable income per the federal return and the amount reported to Nebraska: \_\_\_\_\_

## 8 Enclose copy of most recent Nebraska Reconciliation of Income Tax Withheld, Form W-3N.

## 9 Nebraska sales and use tax number for each entity listed in item 2 on page 1 (if not licensed, attach a copy of the Nebraska Tax Application, Form 20, and proof of date submitted):

Entity Name	Sales/Use Tax ID No.
1	
2	
3	
4	

(If you need more room, attach a schedule)

## 10 E-MAIL. If you allow the department to contact you by e-mail, you accept any risk of loss of confidentiality associated with this method of communication.

**AUTHORIZED SIGNATURE.** This application must be signed by the owner/taxpayer, partner, member, corporate officer, or other individual authorized to sign by a power of attorney on file with the department.sign  
here

Authorized Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please print your name \_\_\_\_\_

Title (See Instructions) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Street or Other Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Mail this application and payment (checks payable to "Nebraska Department of Revenue") to:

**NEBRASKA DEPARTMENT OF REVENUE, 301 CENTENNIAL MALL SOUTH, PO BOX 98944, LINCOLN NE 68509-8944**